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PATENT APPLICAT	ION TRANSHIT	TAL LET	TER	ATTORNEY'S DOCKET NO.	
TO THE COMMISSIONER OF PATENTS A	NO TRADENARY	·		2 2 2	
			cii ii. Bar		
for HIGH SENSITIVITY PRESSURE SWITCH					
Enclosed are:  X 2 X an assignment of the invent	sheets of drawing.	02tmani			
a certified copy of a	ion to Medical El	ectronics	Devices	Corp.	
a verified statement of sma associate power of attorney	ll entity status.			application.	
FOR	,	LAIMS AS FILED			
	NUMBER FILED	NUMBER EXTRA	RATE	FEE FEE	
TOTAL CLAIMS	-20 =		x <b>s</b>		
INDEPENDENT CLAIMS	- 3 =		x \$		
BASIC FEE	\$355.00				
	\$355.0				
Please charge my Deposit Acc \$630.00 to cover filing fees enclosed.	ount No. and \$8.00 to cover recor	dation of assi	in the amount grment. A dupli	of \$	
The Commissioner is hereby at		dditional fees	which may be re-		
x A check in the amount of \$	22-				
See copy of Forms PTO-1123 ar	d 1532 enclosed.	(	Trung reenis en	ictosed.	
August 2, 2001 date	<del></del>	Irving Ke Reg. No.	schner, Attorney 24,547	of Record	
	* Applic	ant is sm	all entity	y ·	

Express Mailing Label No. EL055903932US Date of Deposit: August 2, 2001

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service 37 CRF 1.10 on the date indicated above and is addressed to Box PATENT APPLICATION Commissioner for Patents, Washington, D.C. 20231

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